

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037374

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

F

Registration District No. 321

Primary Registration District No. 6153

Registrar's No. 24

LED OCT 8 1962 FILED OCT 5 1962

VS 300
Rev. 4/59

1/030

2/1030

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4 0

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9 9190

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11 103

12 90-3

13 3-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY STODDARD

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN PIKE TWN.Length of stay in 1b
yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION At farm homeInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO.

b. COUNTY STODDARD

c. CITY
OR
TOWN ADVANCEInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
PROVER # 1.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
VADUSMiddle
----Last
STACY4. DATE
OF
DEATHMonth
SEPT.Day
5.Year
19625. SEX
M.6. COLOR OR RACE
W.7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2-11-19129. AGE (last birthday)
50IF UNDER 1 YEAR
Months Days
IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
FARMER10b. KIND OF BUSINESS OR INDUSTRY
Crop & Stock11. BIRTHPLACE (City and state or country)
LEORA, MISSOURI12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

W. R. STACY

13b. MOTHER'S MAIDEN NAME

FANNIE BRIGHT

14. NAME OF HUSBAND OR WIFE

OMA STACY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no.

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. Oma Stacy, Advance, Mo. Rt. # 1.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Accidentally shot self in chest with
12 ga. shot gun.INTERVAL BETWEEN
ONSET AND DEATH
suddenConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Apparently dropped gun and it discharged,20c. TIME OF
INJURY
pp. 4:15 P.M. 9-5-6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
farm home20f. CITY, TOWN, OR LOCATION
Advance, Mo. R. 1

COUNTY

STODDARD,

STATE

MO.

21. I attended the deceased from ----- to ----- and last saw her
Death occurred at App. 4:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Marsh Whitkins

Coroner

22b. ADDRESS

Dexter, Mo.

22c. DATE SIGNED

9-6-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
SEPT. 8, 6223c. NAME OF CEMETERY OR CREMATORY
OAKRIDGE CEMETERY23d. LOCATION (City, town, or county)
STODDARD CO. MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

CHILES UND. CO., BLOOMFIELD, MO.

25. DATE RECD. BY LOCAL REG.

9/15/62

26. REGISTRAR'S SIGNATURE

Dorice Moore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

007 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
& or by LULU COOPER #3499, Student Embalmer No. 4119

~~working under my personal supervision.~~

Student _____
Signature of Student Embalmer

Signed *Lulu C. Cooper*

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.